



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

January 19, 2005

N.L.: 02-0205

Index: Medical Therapy Program

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, SUPERVISING
THERAPISTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: FUNCTIONAL OUTCOME MEASUREMENT FOR THE MEDICAL
THERAPY PROGRAM

The CMS Program introduced statewide outcome measurements for the Medical CCS Therapy Program (MTP) effective July 2004. Two tools have been developed specifically for the MTP for the purpose of program management:

1. **The Functional Improvement Score (FISC)** measures the amount of functional change that a child achieves in a 6–12 month period. This tool applies to all children enrolled in the MTP with CCS Approved Therapy Plans.
2. **The Neuromotor Impairment Severity Scale (NISS)** measures the amount of neuromotor impairment for children with cerebral palsy or similar upper motor neuron conditions. This tool applies to children 12 months and older.

BACKGROUND:

Three years ago, CMS State staff were directed to develop a process to establish and monitor outcome measurements for the estimated 24,000 children participating in the MTP. As there were no outcome measurement tools existing in the in medical therapy literature or current rehabilitation practice that could be specifically applied to the MTP, the FISC and NISS were developed to be used in correlation with current CCS MTP documentation, policies, and procedures.

The new tools do not eliminate the current requirements that:

- Children receiving physical therapy (PT) and occupational therapy (OT) services shall be evaluated according to MTP policy contained in "Required Testing by Diagnosis."
- Individual functional goals shall be established based on the results of testing;
- Provision of therapy is based on the child's response toward individual functional goals.

The FISC tool identifies benchmark skills that are applicable to the children enrolled in the MTP. The NISS uses clinical markers of neuromotor maturity that are common in children with upper motor neuron conditions. The NISS and FISC data will provide consistent statewide information necessary for the management and evaluation of the MTP. This will optimize use of available resources and assure the highest level of physical independence for each child in the MTP.

REPORTING:

County CCS programs will periodically report data collected from these outcome tools (FISC and NISS) to the State. The CMS Branch will define at a later date the method of collection in a separate N.L. The method will be in conformance with the federal Health Insurance Portability Accountability Act (HIPAA).

FISC IMPLEMENTATION:

The FISC is to be used as part of the evaluation of children with an Approved CCS Medical Therapy Plan for PT and/or OT services. A child's FISC score is to be determined by an MTP therapist at each evaluation. The first FISC score will be considered the Initial FISC score, regardless of the length of time that the child has been enrolled in the MTP. When a child transfers from one county to another the previous FISC score shall be used when calculating units of functional change. A FISC score is not required for children who are only participating in the Medical Therapy Conference (MTC) and have no hands-on therapy or monitoring services prescribed.

FISC scores are to be separately documented by each discipline participating in the preparation for the medical review by the child's managing physician. The total FISC score can be graphed to demonstrate the child's functional change over time. The individual FISC score for each functional skill shall be contained in the PT/OT MTU Summary and the MTC Summary.

The county MTP shall report to the State periodically the FISC score(s) for each child and all units of service provided per discipline since the last FISC score was recorded. As indicated above, instructions for and the format of submission of the data will be forthcoming.

It is recommended that a separate record shall be maintained in the child's chart to document the child's initial and subsequent FISC scores. The type and number of units of service per discipline provided during FISC intervals should be noted on this record for the purpose of data collection. Units of service should be counted in 15 minutes intervals for each discipline; e.g. treatment, evaluation, case conference, consultation, and documentation.

When a child transfers from one county to another, the FISC scores from the transferring county shall be forwarded to the receiving county. The receiving county may subsequently report the individual units of service per discipline based on the date the services were initiated in the new county or may total all of the units of service provided to the child from the transferring county plus the new county since the previous FISC score was recorded.

The State training materials for the FISC are attached to this letter. See Attachments (1-5) and the list of Additional Materials Available

NISS IMPLEMENTATION:

The NISS shall be implemented by each independent county MTP subsequent to county MTP staff having exhibited competency by NISS trainers. The CMS Branch will determine the competency of County NISS trainers who shall be responsible for training, observing, and determining competency of NISS examiners among county therapists. The Branch will periodically monitor the competency of county NISS trainers and examiners.

The use of the NISS by dependent counties will be implemented based on county staffing, completion of NISS training, and competency as determined by CMS Branch.

The Total NISS score, sub-scores, and regional scores shall be recorded in the PT/OT MTU Summaries and the MTC Summary. The NISS Data Sheet should be kept in the MTU chart.

A child in the MTP shall be evaluated with the NISS at the following ages:

- 12 months (or at program entry if older)
- 2-3 years of age
- 5-6 years of age
- 11-12 years of age
- 18-19 years of age

Additionally, a child shall be evaluated after a significant medical/surgical intervention.

The State training materials and procedures for NISS trainers and examiners are attached to this letter. See Attachments (6-15) and the list of Additional Materials Available.

Questions regarding the implementation, interpretation, and use of the subsequent data for these outcome tools should be directed to the CMS team, James Boyd, M.D., at (916) 327-2681, or by email, at Jboyd@dhs.ca.gov, Kerren Brown, O.T.R., at (213) 897-3282, or by email, at kbrown2@dhs.ca.gov, or Dolores Sweigart, P.T., at (213) 620-6118, or by email, at dsweigar@dhs.ca.gov.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children's Medical Services Branch

MATERIALS ATTACHED:

Attachment #1 FISC Instructions

Attachment #2 FISC Task Chart

Attachment #3 FISC Independence Level Descriptions and FISC Examples

Attachment #4 FISC Score Sheet

Attachment #5 FISC Frequently Asked Questions

Attachment #6 Interactive Skills Inventory Descriptions

Attachment #7 NISS Instructions

Attachment #8 NISS Datasheet

Attachment #9 NISS Positioning Diagrams

Attachment #10 NISS Score Diagram

Attachment #11 NISS Calculator

Attachment #12 NISS Trainer Protocol

Attachment #13 NISS Frequently Asked Questions

Attachment #14 NISS Reviewer Comment Form

Attachment #15 NISS Trainer Protocol Frequently Asked Questions

Additional Materials Available by contacting CCS State Team are:

Power Point Presentation of the NISS Evaluation

VHS tape of NISS Training Presentation (90 minutes)

VHS tape of Overview of FISC and NISS (40 minutes)

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The attachments to N.L.: 02-0205 will be posted electronically with the letter during the week of January 24, 2005.